

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034129

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 4693

FILED SEP 28 1962

## 1. PLACE OF DEATH

a. COUNTY

CLAY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITY-16Length of stay in lb  
54 YRS.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 1815 EAST 32<sup>ND</sup> TERR. NOInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

CLAY

Inside Limits  
Yes ☒ No ☐c. CITY  
OR TOWN KANSAS CITY-16

(If outside, give location)

d. STREET  
ADDRESS 1815 EAST 32<sup>ND</sup> TERR. NOReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

D

Roy

Thacker

4. DATE  
OF DEATH

Month

Day

Year

Sept. 11-1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-25-91

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired),  
Ret. Export Salesman10b. KIND OF BUSINESS OR INDUSTRY  
Sheffield Steel Co. Lock Springs, Mo.11. BIRTHPLACE (City and state or country)  
U. S. A.

12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

ANSON A. THACKER

## 13b. MOTHER'S MAIDEN NAME

ELIZABETH LAWRENCE

## 14. NAME OF HUSBAND OR WIFE

JOSEPHINE C. THACKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

YES WWII

## 17. INFORMANT

JOSEPHINE C. THACKER-1815 EAST 32<sup>ND</sup> TERR. NO

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

GASTRIC CARCINOMA  
WITH GENERALIZED  
METASTASESINTERVAL BETWEEN  
ONSET AND DEATH

142

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Sept 1961 to Sept 1962 and last saw her live on 9-11-62 8:30AM  
Death occurred at 11:30AM 9-11-62 m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## Degree or title

Paul Keavate MD

## 22b. ADDRESS

North Kansas City, Mo

## 22c. DATE SIGNED

9-11-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

SEPT. 13, '62

## 23c. NAME OF CEMETERY OR CREMATOR

MT. MORIAH

## 23d. LOCATION (City, town, or county)

KANSAS CITY, MO.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

K.C. Mo

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

D.W. Newcomer's Sons-1831 Brush Creek 9-13-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Paul Keavate

MEDICAL CERTIFICATION

2005 Dec 17

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Nelson H. Hunt

Licensed Embalmer No. 4914

P. O. Address Indes. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.